

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Kansans for Marshall

ADDRESS (number and street)  
▼

PO Box 1588

Check if different  
than previously  
reported. (ACC)

Great Bend

KS

67530

2. FEC IDENTIFICATION NUMBER ▼

C

C00576173

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

KS

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

02

D D /

05

Y Y Y Y /

2015

through

M M /

06

D D /

30

Y Y Y Y /

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard A Ball

Signature of Treasurer

Richard A Ball

[Electronically Filed]

Date

M M /

07

D D /

14

Y Y Y Y /

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Kansans for Marshall

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	155580.00	155580.00
(b) Total Contribution Refunds (from Line 20(d)) .....	.00	.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	155580.00	155580.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	83434.75	83434.75
(b) Total Offsets to Operating Expenditures (from Line 14).....	.00	.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	83434.75	83434.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	101145.25	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	29000.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 98

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Kansans for Marshall

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

133725.00

133725.00

**(ii) Unitemized.....**

19155.00

19155.00

**(iii) TOTAL of contributions from individuals ▶**

152880.00

152880.00

**(b) Political Party Committees.....**

.00

.00

**(c) Other Political Committees (such as PACs).....**

2700.00

2700.00

**(d) The Candidate.....**

.00

.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

155580.00

155580.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

.00

.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

29000.00

29000.00

**(b) All Other Loans.....**

.00

.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

29000.00

29000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

.00

.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

.00

.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

184580.00

184580.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 98

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	83434.75	83434.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of All Other Loans .....	.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	.00	.00
21. OTHER DISBURSEMENTS .....	.00	.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	83434.75	83434.75

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	184580.00
25. SUBTOTAL (add Line 23 and Line 24).....	184580.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	83434.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	101145.25

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**Full Name (Last, First, Middle Initial)  
**A. Brooks & Olson**

Mailing Address 400 N Washington

City	State	Zip Code
Liberal	KS	67901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		13		2015

Transaction ID : SA11Ai-CN1075

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)  
**B. Peter G Olson**

Mailing Address 13013 Polo Way

City	State	Zip Code
Liberal	KS	67901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Brooks &amp; Olsen

Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		13		2015

Transaction ID : SA11Ai-CN1076

Amount of Each Receipt this Period

500

Partnership contribution-Brooks &amp; Olson

**[MEMO ITEM]**

\$500.00 MEMO Partnership Attributed

Full Name (Last, First, Middle Initial)  
**C. Eureka Investments LLC**

Mailing Address PO Box 995

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2015

Transaction ID : SA11Ai-CN1347

Amount of Each Receipt this Period

500

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 98

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

A. Full Name (Last, First, Middle Initial)  
**Jerry L Marmie**

Mailing Address 136 NE 20th Ave

City State Zip Code  
Great Bend KS 67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marmie Motors

Occupation  
Owner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M / D D / Y Y Y Y  
06 24 2015

Transaction ID : SA11Ai-CN1348

Amount of Each Receipt this Period

250

Partnership-Eureka Investments LLC

**[MEMO ITEM]**

\$250.00 MEMO Partnership Attributed

B. Full Name (Last, First, Middle Initial)  
**David D Marmie**

Mailing Address 4100 Falcon

City State Zip Code  
Great Bend KS 67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marmie Motors

Occupation  
Owner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M / D D / Y Y Y Y  
06 24 2015

Transaction ID : SA11Ai-CN1349

Amount of Each Receipt this Period

250

Partnership-Eureka Investments LLC

**[MEMO ITEM]**

\$250.00 MEMO Partnership Attributed

C. Full Name (Last, First, Middle Initial)  
**Kansas Regenerative Medicine**

Mailing Address 4809 Vue Du Lac Place  
Suite 101

City State Zip Code  
Manhattan KS 66503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M / D D / Y Y Y Y  
06 25 2015

Transaction ID : SA11Ai-CN1366

Amount of Each Receipt this Period

500

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**Patrick Joseph Farley**

Mailing Address 1810 Laramie St

City	State	Zip Code
Manhattan	KS	66502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kansas Regenerative MedicineOccupation  
Partner

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

160

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2015

Transaction ID : SA11Ai-CN1367

Amount of Each Receipt this Period

160

Partnership-Kansas Regenerative Medici

**[MEMO ITEM]**

\$160.00 MEMO Partnership Attributed

Full Name (Last, First, Middle Initial)

**John Weaver Farley**

Mailing Address 5130 Mcdowell Creek Rd

City	State	Zip Code
Manhattan	KS	66502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kansas Regenerative MedicineOccupation  
Partner

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

160

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2015

Transaction ID : SA11Ai-CN1368

Amount of Each Receipt this Period

160

Partnership-Kansas Regenerative Medici

**[MEMO ITEM]**

\$160.00 MEMO Partnership Attributed

Full Name (Last, First, Middle Initial)

**Kenneth Acy Woods Jr**

Mailing Address 4114 Will Kent Dr

City	State	Zip Code
Manhattan	KS	66502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kansas Regenerative MedicineOccupation  
Partner

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

180

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2015

Transaction ID : SA11Ai-CN1369

Amount of Each Receipt this Period

180

Partnership-Kansas Regenerative Medici

**[MEMO ITEM]**

\$180.00 MEMO Partnership Attributed

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Triple B Holdings LLC**

Mailing Address 2515 Rockbridge Rd

City State Zip Code  
Great Bend KS 67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		27		2015

Transaction ID : SA11Ai-CN1167

Amount of Each Receipt this Period

250

**B.** Full Name (Last, First, Middle Initial)  
**Shawn Leon Behr**

Mailing Address 2515 Rock Bridge Rd

City State Zip Code  
Great Bend KS 67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Marmie Ford

Management

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

125

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		27		2015

Transaction ID : SA11Ai-CN1168

Amount of Each Receipt this Period

125

Partnership-Triple B Holdings LLC

**[MEMO ITEM]**

\$125.00 MEMO Partnership Attributed

**C.** Full Name (Last, First, Middle Initial)  
**Desa R Marmie-Behr**

Mailing Address 2515 Rock Bridge Rd

City State Zip Code  
Great Bend KS 67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Marmie Ford

Management

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

125

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		27		2015

Transaction ID : SA11Ai-CN1169

Amount of Each Receipt this Period

125

Partnership-Triple B Holdings LLC

**[MEMO ITEM]**

\$125.00 MEMO Partnership Attributed

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

250.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**A. Full Name (Last, First, Middle Initial)  
**Dr. AGHA JAMIL AHMED**

Mailing Address 1409 W 29TH Ave

City	State	Zip Code
Hutchinson	KS	67230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HUTCHINSON CLINICOccupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11Ai-CN1421

Amount of Each Receipt this Period

500

B. Full Name (Last, First, Middle Initial)  
**Dr. Mike Allison**

Mailing Address 1709 Pinehurst

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
G. Michael Allison DDS PAOccupation  
Dentist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2015

Transaction ID : SA11Ai-CN1266

Amount of Each Receipt this Period

500

C. Full Name (Last, First, Middle Initial)  
**Dr. Mike Allison**

Mailing Address 1709 Pinehurst

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
G. Michael Allison DDS PAOccupation  
Dentist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : SA11Ai-CN1336

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**Paul Attwater**

Mailing Address 420 So Lynnwood

City

Wichita

State

KS

Zip Code

67218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Morgan Stanley

Occupation

Financial Advisor

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2015

Transaction ID : SA11Ai-CN1275

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

**William Mark Ayres**

Mailing Address 5 Park Ave

City

Wichita

State

KS

Zip Code

67206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Business Development - Contractor

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11Ai-CN1390

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**Wade Lee Babcock**

Mailing Address 2606 Williams

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CKOG

Occupation

PA

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2015

Transaction ID : SA11Ai-CN1133

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

Diagram illustrating the layout of the numbered boxes on the table:

- Box 11a is at the top left, with box 12 below it.
- Box 11b is to the right of 11a, with box 13a below it.
- Box 11c is to the right of 11b, with box 13b below it.
- Box 11d is to the right of 11c, with box 14 below it.
- Box 15 is to the right of box 14.

NAME OF COMMITTEE (In Full)  
Kansans for Marshall

FEC Schedule A (Form 3) (Revised 02/2009)

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Greg L Bauer**

Mailing Address 3022 Broadway

City State Zip Code  
Great Bend KS 67530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Greg Bauer Law Office Attorney

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Transaction ID : SA11Ai-CN1046

Amount of Each Receipt this Period

250

**B.** Full Name (Last, First, Middle Initial)  
**Martin W Bauer**

Mailing Address 8909 E Douglas Ave

City State Zip Code  
Wichita KS 67207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Martin Pringle attorney

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2015

Transaction ID : SA11Ai-CN1374

Amount of Each Receipt this Period

500

**C.** Full Name (Last, First, Middle Initial)  
**Brent Bayer**

Mailing Address 107 Harvard Pl

City State Zip Code  
Manhattan KS 66503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US Stone Industries President

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : SA11Ai-CN1123

Amount of Each Receipt this Period

500

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**A. Corky Beachner**

Mailing Address 1677-25000 Road

City

Parsons

State

KS

Zip Code

67357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Const - Agri

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : SA11Ai-CN1312

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**B. Barbara S Beahm**

Mailing Address 328 Sunset

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Donald E. Beahm MDOccupation  
Office Manager

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2015

Transaction ID : SA11Ai-CN1138

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**C. Dr. Donald E Beahm**

Mailing Address 328 Sunset

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Ophthalmologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2015

Transaction ID : SA11Ai-CN1137

Amount of Each Receipt this Period

500

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**Mary N Beatty**

Mailing Address 121 Overhill Rd

City

Salina

State

KS

Zip Code

67401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : SA11Ai-CN1117

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Michael Beatty**

Mailing Address 121 Overhill Rd

City

Salina

State

KS

Zip Code

67401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

CPA

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : SA11Ai-CN1116

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Bill D Berkley**

Mailing Address 210 Division St

City

Downs

State

KS

Zip Code

67437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Olympia Partners

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Transaction ID : SA11Ai-CN1047

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 98

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Grady P Bolding Jr**

Mailing Address 1915 Van Buren

City Great Bend	State KS	Zip Code 67530
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Grady Bolding Corporation	Occupation President - Oil Production
---	--

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2015

Transaction ID : SA11Ai-CN1080

Amount of Each Receipt this Period

250

**B.** Full Name (Last, First, Middle Initial)  
**Grady P Bolding Jr**

Mailing Address 1915 Van Buren

City Great Bend	State KS	Zip Code 67530
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Grady Bolding Corporation	Occupation President - Oil Production
---	--

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2015

Transaction ID : SA11Ai-CN1264

Amount of Each Receipt this Period

750

**C.** Full Name (Last, First, Middle Initial)  
**Linda L. Bonewell**

Mailing Address One Fuller Way

City Great Bend	State KS	Zip Code 67530
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Fuller Industries LLC	Occupation Human Resources Manager
---	---------------------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2015

Transaction ID : SA11Ai-CN1154

Amount of Each Receipt this Period

250

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Linda L. Bonewell**

Mailing Address **One Fuller Way**

City **Great Bend** State **KS** Zip Code **67530**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Fuller Industries LLC** Occupation **Human Resources Manager**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **750**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : **SA11Ai-CN1310**

Amount of Each Receipt this Period

500
-----

**B.** Full Name (Last, First, Middle Initial)  
**Lee H Borck**

Mailing Address **4805 Vue Du Lac**

City **Manhattan** State **KS** Zip Code **66503**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ILS Inc.** Occupation **CEO**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

Transaction ID : **SA11Ai-CN1189**

Amount of Each Receipt this Period

2700
------

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Michael P Brown**

Mailing Address **9127 E Autumn Chase**

City **Wichita** State **KS** Zip Code **67206**

FEC ID number of contributing federal political committee. **C**

Name of Employer **College Hill OGBYN** Occupation **Physician**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **250**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

Transaction ID : **SA11Ai-CN1199**

Amount of Each Receipt this Period

250
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**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3450.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**Anna K Burke**

Mailing Address 23 Mckinley

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Transaction ID : SA11Ai-CN1255

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**Gary G Burke**

Mailing Address 23 Mckinley

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Transaction ID : SA11Ai-CN1254

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**Melanie Calcara**

Mailing Address 702 NW 10 Rd

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : SA11Ai-CN1329

Amount of Each Receipt this Period

200

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Dennis A Call</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>06</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	05		06		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
05		06		2015									
Mailing Address 2501 Canterbury		<b>Transaction ID : SA11Ai-CN22</b>											
City Great Bend	State KS	Zip Code 67530	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1000</td> </tr> </table>						1000				
					1000								
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer BMI	Occupation Insurance Agent												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>1000</td> </tr> </table>								1000				
					1000								
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Tawanna M Callahan</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>29</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		29		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
06		29		2015									
Mailing Address 1004 State St		<b>Transaction ID : SA11Ai-CN1407</b>											
City Larned	State KS	Zip Code 67550	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>500</td> </tr> </table>						500				
					500								
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer American Family Insurance	Occupation Insurance Agent												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>500</td> </tr> </table>								500				
					500								
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Jerry Chang</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>19</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	05		19		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
05		19		2015									
Mailing Address 12 W 32nd St 6th Floor		<b>Transaction ID : SA11Ai-CN1124</b>											
City New York	State NY	Zip Code 10001	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>250</td> </tr> </table>						250				
					250								
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer Pacific Holidays	Occupation Travel Agent												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>250</td> </tr> </table>								250				
					250								
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="5"></td> <td>1750.00</td> </tr> </table>							1750.00				
					1750.00								
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>											

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**Scott Chapman**

Mailing Address 4404 Kelsey Dr

City

Manhattan

State

KS

Zip Code

66502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Manhattan Surgical Hospital

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : SA11Ai-CN1327

Amount of Each Receipt this Period

350

Full Name (Last, First, Middle Initial)

**Stan Christiansen**

Mailing Address 640 NE 190th St.

City

Hudson

State

KS

Zip Code

67545-9025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Farming

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : SA11Ai-CN1306

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**William S Clifford**

Mailing Address 102 Drury Ln

City

Garden City

State

KS

Zip Code

67846

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fry Eye Asscoiates

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2015

Transaction ID : SA11Ai-CN1278

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1850.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**Scott Cook**

Mailing Address 1150 S 2nd Ave

City

Craig

State

CO

Zip Code

81625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cook Chev.

Occupation

Auto Dlr

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Transaction ID : SA11Ai-CN1253

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**Ramon Corrales**

Mailing Address 4956 W 130th Ter

City

Shawnee Mission

State

KS

Zip Code

66209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Integral Mastery Center

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11Ai-CN1408

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

**Matthew Allen Crocker**

Mailing Address 1001 Mill Valley Cir

City

Manhattan

State

KS

Zip Code

66503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Steel &amp; Pipe

Occupation

President

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Transaction ID : SA11Ai-CN1256

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 98

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**Full Name (Last, First, Middle Initial)  
**A. Taira Katherine Crocker**

Mailing Address 1001 Mill Valley Cir

City	State	Zip Code
Manhattan	KS	66503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not EmployedOccupation  
Not Employed

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Transaction ID : SA11Ai-CN1257

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)  
**B. Michael H Daniels**

Mailing Address 1721 Sunnyslope Ln

City	State	Zip Code
Manhattan	KS	66502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kansas State BankOccupation  
President

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : SA11Ai-CN1326

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)  
**C. Susan Replogle Debes**

Mailing Address 2610 Pheasant Pl

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ross Hildebrand DDSOccupation  
Dental Hygienist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : SA11Ai-CN1112

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Rex A Degner**

Mailing Address 5205 N Halstead St

City	State	Zip Code
Hutchinson	KS	67502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Reno Pathology Assoc LLCOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11Ai-CN1400

Amount of Each Receipt this Period

750

**B.** Full Name (Last, First, Middle Initial)  
**Dr. James Delmore**

Mailing Address 9471 Cross Creek Cir

City	State	Zip Code
Wichita	KS	67206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associates in Women's HealthOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2015

Transaction ID : SA11Ai-CN1077

Amount of Each Receipt this Period

500

**C.** Full Name (Last, First, Middle Initial)  
**Brad D Dillon**

Mailing Address 4611 Winged Foot Dr

City	State	Zip Code
Hutchinson	KS	67502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gilliland & Hayes LLCOccupation  
Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : SA11Ai-CN1239

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**A. Full Name (Last, First, Middle Initial)  
**Dr. Pat Do**

Mailing Address 8300 Steeplechase

City	State	Zip Code
Wichita	KS	67206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mid America OrthopedicsOccupation  
Surgeon

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2015

Transaction ID : SA11Ai-CN1279

Amount of Each Receipt this Period

250

B. Full Name (Last, First, Middle Initial)  
**Steve Dobratz**

Mailing Address 3725 Meadowlark Ln

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farmers Bank & TrustOccupation  
Banking

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

Transaction ID : SA11Ai-CN1069

Amount of Each Receipt this Period

500

C. Full Name (Last, First, Middle Initial)  
**Chad T Eakin**

Mailing Address 1240 US 56 Hwy

City	State	Zip Code
Larned	KS	67550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eakin Enterprises Inc.Occupation  
Owner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2015

Transaction ID : SA11Ai-CN1280

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**Wally Eldridge**

Mailing Address 80 E. 10th Street

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eldridge Fencing

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11Ai-CN1416

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Dianne R Farmer**

Mailing Address 239 Amber Dr

City

Russell

State

KS

Zip Code

67665

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

Transaction ID : SA11Ai-CN1066

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**John O Farmer III**

Mailing Address 239 Amber Dr

City

Russell

State

KS

Zip Code

67665

FEC ID number of contributing  
federal political committee.

C

Name of Employer

John O. Farmer Inc.

Occupation

Oil Producer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

Transaction ID : SA11Ai-CN1065

Amount of Each Receipt this Period

250

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

750.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 98  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial) <b>A. Susan L Flegler</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>06 / 02 / 2015</b>
Mailing Address <b>14 NW 25 Rd</b>		<b>Transaction ID : SA11Ai-CN1198</b>
City <b>Great Bend</b>	State <b>KS</b>	Zip Code <b>67530</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250</b>
Name of Employer <b>Dakota Dirt Inc.</b>	Occupation <b>Owner</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>250</b>	

Full Name (Last, First, Middle Initial) <b>B. Dr. L T Fleske</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>05 / 11 / 2015</b>
Mailing Address <b>4508 Quail Creek</b>		<b>Transaction ID : SA11Ai-CN1049</b>
City <b>Great Bend</b>	State <b>KS</b>	Zip Code <b>67530</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000</b>
Name of Employer <b>Central KS Orthopedic Group</b>	Occupation <b>Orthopedic Surgeon</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000</b>	

Full Name (Last, First, Middle Initial) <b>C. Sheila P Fleske</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>05 / 11 / 2015</b>
Mailing Address <b>4508 Quail Creek Dr</b>		<b>Transaction ID : SA11Ai-CN1050</b>
City <b>Great Bend</b>	State <b>KS</b>	Zip Code <b>67530</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000</b>
Name of Employer <b>Not Employed</b>	Occupation <b>Not Employed</b>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 26 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Larry Fogarty**

Mailing Address 12819 S Muirfield Blvd

City	State	Zip Code
Jacksonville	FL	32218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

Transaction ID : SA11Ai-CN1364

Amount of Each Receipt this Period

1000

**B.** Full Name (Last, First, Middle Initial)  
**Norma J. Fogarty**

Mailing Address 12819 Muirfield Blvd S

City	State	Zip Code
Jacksonville	FL	32225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

Transaction ID : SA11Ai-CN1365

Amount of Each Receipt this Period

2000

**C.** Full Name (Last, First, Middle Initial)  
**John L Francis**

Mailing Address 2413 Dove Terrace

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Francis Financial ServicesOccupation  
Registered Representative

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : SA11Ai-CN1235

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 27 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

A. Full Name (Last, First, Middle Initial)  
**Nancy A Francis**

Mailing Address **2413 Dove Terrace**

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Adams Brown Beran Ball Chtd.**

Occupation  
**Accountant**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1000**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : **SA11Ai-CN1236**

Amount of Each Receipt this Period

**1000**

B. Full Name (Last, First, Middle Initial)  
**Nancy A Francis**

Mailing Address **2413 Dove Terrace**

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Adams Brown Beran Ball Chtd.**

Occupation  
**Accountant**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1250**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : **SA11Ai-CN1415**

Amount of Each Receipt this Period

**250**

C. Full Name (Last, First, Middle Initial)  
**Dr. Luther L Fry**

Mailing Address **1614 E Bluff St**

City	State	Zip Code
Garden City	KS	67846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Fry Eye Associates**

Occupation  
**Ophthalmologist**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1000**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2015

Transaction ID : **SA11Ai-CN1378**

Amount of Each Receipt this Period

**1000**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2250.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Joann S Goldstein**

Mailing Address 222 Pine Dr

City State Zip Code  
Manhattan KS 66502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Not Employed Not Employed

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : SA11Ai-CN1297

Amount of Each Receipt this Period

250

**B.** Full Name (Last, First, Middle Initial)  
**Merlin D Grimes**

Mailing Address 2600 Canterbury Ln

City State Zip Code  
Great Bend KS 67530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

Transaction ID : SA11Ai-CN1060

Amount of Each Receipt this Period

1000

**C.** Full Name (Last, First, Middle Initial)  
**Nelva D Grimes**

Mailing Address 2600 Canterbury Ln

City State Zip Code  
Great Bend KS 67530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Agriculture

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : SA11Ai-CN1307

Amount of Each Receipt this Period

500

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00
---------

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 29 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**Full Name (Last, First, Middle Initial)  
**A. Alan Max Hale**

Mailing Address 468 Uppermill Hts Dr

City	State	Zip Code
Salina	KS	67401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norvell Company Inc.Occupation  
President

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

Transaction ID : SA11Ai-CN1370

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)  
**B. Shawn Haney**

Mailing Address 1805 Oakmont

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Haney & AssociatesOccupation  
Ins. Sales

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2015

Transaction ID : SA11Ai-CN1150

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)  
**C. Stan Harstine**

Mailing Address 1214 Willowbrook Ln

City	State	Zip Code
Towanda	KS	67144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Friends UniversityOccupation  
Professor

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Transaction ID : SA11Ai-CN29

Amount of Each Receipt this Period

250

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 98

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**A. Full Name (Last, First, Middle Initial)  
**Jackie Lynn Hartman Borck**

Mailing Address 1412 Penrose Pl

City	State	Zip Code
Manhattan	KS	66503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kansas State Univ.Occupation  
Chief Of Staff

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

Transaction ID : SA11Ai-CN1190

Amount of Each Receipt this Period

2700

B. Full Name (Last, First, Middle Initial)  
**Cynthia A Haynes**

Mailing Address 61284 CR 14

City	State	Zip Code
Holyoke	CO	80734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not EmployedOccupation  
Not Employed

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Transaction ID : SA11Ai-CN1230

Amount of Each Receipt this Period

250

C. Full Name (Last, First, Middle Initial)  
**James S Haynes**

Mailing Address 1215 M5 Rd

City	State	Zip Code
Larned	KS	67550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Haynes Electric Inc.Occupation  
President

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Transaction ID : SA11Ai-CN1232

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3200.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 31 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Suzan Ashley Haynes**

Mailing Address 1215 M5 Rd

City Larned State KS Zip Code 67550

FEC ID number of contributing federal political committee. **C**

Name of Employer Haynes Electric Inc. Occupation Vice President

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Transaction ID : SA11Ai-CN1233

Amount of Each Receipt this Period

250
-----

**B.** Full Name (Last, First, Middle Initial)  
**Rebecca May Henrikson**

Mailing Address 4330 Prairie Rose Dr

City Great Bend State KS Zip Code 67530

FEC ID number of contributing federal political committee. **C**

Name of Employer Ellinwood Hospital Occupation Nurse

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11Ai-CN1320

Amount of Each Receipt this Period

1000
------

**C.** Full Name (Last, First, Middle Initial)  
**Joann Hildebrand**

Mailing Address 5117 Timber Creek

City Great Bend State KS Zip Code 67530

FEC ID number of contributing federal political committee. **C**

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

Transaction ID : SA11Ai-CN9

Amount of Each Receipt this Period

250
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**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 98

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**Full Name (Last, First, Middle Initial)  
**A. Joann Hildebrand**

Mailing Address 5117 Timber Creek

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not EmployedOccupation  
Not Employed

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2015

Transaction ID : SA11Ai-CN1259

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)  
**B. Dr. Randall Keith Hildebrand**

Mailing Address 1711 Lincoln

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Kansas Orthopedic GroupOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2015

Transaction ID : SA11Ai-CN1217

Amount of Each Receipt this Period

2700

Full Name (Last, First, Middle Initial)  
**C. Dr. Ross Alan Hildebrand**

Mailing Address 5117 Timber Creek

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Dentist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

Transaction ID : SA11Ai-CN8

Amount of Each Receipt this Period

250

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3150.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 33 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**Full Name (Last, First, Middle Initial)  
**A. Michael L Hill**

Mailing Address 1518 Barrington Dr

City	State	Zip Code
Manhattan	KS	66503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Builder - SelfOccupation  
Builder

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : SA11Ai-CN1300

Amount of Each Receipt this Period

2000

Full Name (Last, First, Middle Initial)  
**B. Douglas P Hinkin**

Mailing Address 1426 Sharingbrook Dr

City	State	Zip Code
Manhattan	KS	66503-7529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Physician

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : SA11Ai-CN1298

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)  
**C. Maureen W Hinkin**

Mailing Address 1426 Sharingbrook Dr

City	State	Zip Code
Manhattan	KS	66503-7529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Nurse

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : SA11Ai-CN1299

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 34 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Bob K Hiss**

Mailing Address 308 Sunset Road

City State Zip Code  
Great Bend KS 67530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hiss Sherman Wealth Management Financial Advisor

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : SA11Ai-CN1317

Amount of Each Receipt this Period

500

**B.** Full Name (Last, First, Middle Initial)  
**Bob J Holt**

Mailing Address 4835 Camelot

City State Zip Code  
Great Bend KS 67530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

Transaction ID : SA11Ai-CN1356

Amount of Each Receipt this Period

250

**C.** Full Name (Last, First, Middle Initial)  
**Tammy D Holt**

Mailing Address 4835 Camelot West

City State Zip Code  
Great Bend KS 67530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Not Employed Not Employed

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

Transaction ID : SA11Ai-CN1357

Amount of Each Receipt this Period

250

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Gloria Sue Homeier</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>02</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		02		2015
M M M	/	D D D	/	Y Y Y Y Y Y										
06		02		2015										
Mailing Address 3528 181st St			<b>Transaction ID : SA11Ai-CN1202</b>											
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>500</td> </tr> </table>							500				
					500									
Russell	KS	67665												
FEC ID number of contributing federal political committee.			<table border="1"> <tr> <td>C</td> <td colspan="4"></td> </tr> </table>		C									
C														
Name of Employer G-5 Retail		Occupation Owner												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>500</td> </tr> </table>								500				
					500									

  

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Carol M Hopkins</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>17</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		17		2015
M M M	/	D D D	/	Y Y Y Y Y Y										
06		17		2015										
Mailing Address 3412 23rd St.			<b>Transaction ID : SA11Ai-CN1261</b>											
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>250</td> </tr> </table>							250				
					250									
Great Bend	KS	67530												
FEC ID number of contributing federal political committee.			<table border="1"> <tr> <td>C</td> <td colspan="4"></td> </tr> </table>		C									
C														
Name of Employer Great Bend Farm Equipment		Occupation Owner												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>250</td> </tr> </table>								250				
					250									

  

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Leslie O Hopkins</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>17</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		17		2015
M M M	/	D D D	/	Y Y Y Y Y Y										
06		17		2015										
Mailing Address 3412 23rd			<b>Transaction ID : SA11Ai-CN1260</b>											
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>250</td> </tr> </table>							250				
					250									
Great Bend	KS	67530												
FEC ID number of contributing federal political committee.			<table border="1"> <tr> <td>C</td> <td colspan="4"></td> </tr> </table>		C									
C														
Name of Employer Great Bend Farm Equipment		Occupation Owner												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>250</td> </tr> </table>								250				
					250									

  

<b>SUBTOTAL</b> of Receipts This Page (optional).....			<table border="1"> <tr> <td colspan="5"></td> <td>1000.00</td> </tr> </table>							1000.00
					1000.00					
<b>TOTAL</b> This Period (last page this line number only).....			<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>							

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 98

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**Full Name (Last, First, Middle Initial)  
**Neil W Horton**

Mailing Address 3629 Vanesta Dr

City	State	Zip Code
Manhattan	KS	66503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bayer Construction Co. Inc.Occupation  
VP/CEO

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		22		2015

Transaction ID : SA11Ai-CN1296

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)  
**Evan Howe**

Mailing Address 9630 High Dr

City	State	Zip Code
Leawood	KS	66206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KS State BankOccupation  
Lawyer

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		27		2015

Transaction ID : SA11Ai-CN1158

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)  
**Phil Howe**

Mailing Address 1718 Thomas Cir

City	State	Zip Code
Manhattan	KS	66502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BankerOccupation  
Banking

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		15		2015

Transaction ID : SA11Ai-CN1245

Amount of Each Receipt this Period

2700

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3450.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**A. Shelley Howe**

Mailing Address 8316 Fontana

City

Prairie Village

State

KS

Zip Code

66207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2015

Transaction ID : SA11Ai-CN1159

Amount of Each Receipt this Period

500

**B. Brian Ipsen**

Full Name (Last, First, Middle Initial)

Mailing Address 3301 Cedar Ridge Rd

City

Joplin

State

MO

Zip Code

64804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho4States

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Transaction ID : SA11Ai-CN1125

Amount of Each Receipt this Period

500

**C. Mark Isom**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 402

City

Inman

State

KS

Zip Code

67546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NCRA

Occupation

Engineer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : SA11Ai-CN1113

Amount of Each Receipt this Period

1000

**SUBTOTAL** of Receipts This Page (optional).....

2000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 38 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Ken D Jackman**

Mailing Address 530 Gray Dr

City	State	Zip Code
Montello	WI	53949-9748

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Ken Jackman & Associates	self-employed

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
750

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2015

Transaction ID : SA11Ai-CN1241

Amount of Each Receipt this Period

750

**B.** Full Name (Last, First, Middle Initial)  
**Ken D Jackman**

Mailing Address 530 Gray Dr

City	State	Zip Code
Montello	WI	53949-9748

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Ken Jackman & Associates	self-employed

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2015

Transaction ID : SA11Ai-CN1242

Amount of Each Receipt this Period

250

**C.** Full Name (Last, First, Middle Initial)  
**Jil M Johnson**

Mailing Address 54 Karen St

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self Employed	Sr. Sales Director - Mary Kay Inc.

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : SA11Ai-CN1350

Amount of Each Receipt this Period

500

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 40 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**Kevin L Keller**

Mailing Address 4211 Quail Creek Dr

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Keller Real Estate &amp; Ins. Agency Inc.

Occupation

Real Estate Broker &amp; Insurance Agent

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : SA11Ai-CN1288

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Lori R Keller**

Mailing Address 4211 Quail Creek Dr

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Holy Family School

Occupation

Teacher

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : SA11Ai-CN1289

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Dr William Throop King**

Mailing Address 1712 Oakmont

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

Transaction ID : SA11Ai-CN1053

Amount of Each Receipt this Period

1000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 41 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

A. Full Name (Last, First, Middle Initial)  
**Dr William Throop King**

Mailing Address 1712 Oakmont

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : SA11Ai-CN1290

Amount of Each Receipt this Period

500

B. Full Name (Last, First, Middle Initial)  
**Richard D Krause**

Mailing Address 4859 Camelot West

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Self Employed

Occupation  
 Podiatrist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11Ai-CN1395

Amount of Each Receipt this Period

125

C. Full Name (Last, First, Middle Initial)  
**Jim W Lewis**

Mailing Address 901 S 2nd St

City	State	Zip Code
Dodge City	KS	67801

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Self

Occupation  
 Auto Dealer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

Transaction ID : SA11Ai-CN1206

Amount of Each Receipt this Period

1000

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1625.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 42 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Karen Elon Lindberg**

Mailing Address 1801 Oakmont

City State Zip Code  
Great Bend KS 67530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Miller Warehouse Inventory Control

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

Transaction ID : SA11Ai-CN1188

Amount of Each Receipt this Period

500

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Nels N Lindberg**

Mailing Address 1801 Oakmont

City State Zip Code  
Great Bend KS 67530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Veterinarian

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

Transaction ID : SA11Ai-CN1187

Amount of Each Receipt this Period

500

**C.** Full Name (Last, First, Middle Initial)  
**Ron Lindig**

Mailing Address 15568 S Blackfoot

City State Zip Code  
Olathe KS 66062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Coeus LLC Vice President of Technology

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

Transaction ID : SA11Ai-CN5

Amount of Each Receipt this Period

250

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 43 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Mark Roland Lowry**

Mailing Address 4 Hillcrest Dr

City Stockton	State KS	Zip Code 67669
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Heritage Inc. Group	Occupation Insurance
---	-------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250

Date of Receipt

M M / D D / Y Y Y Y
05 / 22 / 2015

Transaction ID : SA11Ai-CN1147

Amount of Each Receipt this Period

250

**B.** Full Name (Last, First, Middle Initial)  
**Mr. R. William Manning**

Mailing Address 29858 Park Village Dr

City Evergreen	State CO	Zip Code 80439
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Investments
--------------------------	---------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250

Date of Receipt

M M / D D / Y Y Y Y
06 / 29 / 2015

Transaction ID : SA11Ai-CN1394

Amount of Each Receipt this Period

250

**C.** Full Name (Last, First, Middle Initial)  
**Laina Marshall**

Mailing Address 4501 Quail Creek Dr

City Great Bend	State KS	Zip Code 67530
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Not Employed	Occupation Not Employed
----------------------------------	----------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2700

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11Ai-CN1423

Amount of Each Receipt this Period

2700

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3200.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 44 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**Laina Marshall**

Mailing Address 4501 Quail Creek Dr

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3200

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11Ai-CN1424

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**Matthew W Marshall**

Mailing Address 4501 Quail Creek Dr

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Student

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

2700

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : SA11Ai-CN1343

Amount of Each Receipt this Period

2700

Full Name (Last, First, Middle Initial)

**Matthew W Marshall**

Mailing Address 4501 Quail Creek Dr

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Student

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5400

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : SA11Ai-CN1344

Amount of Each Receipt this Period

2700

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5900.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 98

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**Full Name (Last, First, Middle Initial)  
**A. Nancy Marshall**

Mailing Address 421 N Arthur St

City	State	Zip Code
Eldorado	KS	67042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not EmployedOccupation  
Not Employed

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2015

Transaction ID : SA11Ai-CN1130

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)  
**B. Vic Marshall**

Mailing Address 421 N Arthur

City	State	Zip Code
El Dorado	KS	67042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2015

Transaction ID : SA11Ai-CN1129

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)  
**C. Mr. Victor C Marshall**

Mailing Address 4501 Quail Creek Dr

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Student

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : SA11Ai-CN1345

Amount of Each Receipt this Period

2700

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3200.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 98

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Victor C Marshall**

Mailing Address 4501 Quail Creek Dr

City State Zip Code  
Great Bend KS 67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Student

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : SA11Ai-CN1346

Amount of Each Receipt this Period

2700

**B.** Full Name (Last, First, Middle Initial)  
**Amber Dawn Martin**

Mailing Address 605 N Hersey

City State Zip Code  
Beloit KS 67420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mitchell Co. Hospital Health SysOccupation  
Dietitian

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Transaction ID : SA11Ai-CN1031

Amount of Each Receipt this Period

500

**C.** Full Name (Last, First, Middle Initial)  
**Chantz Norbert Martin**

Mailing Address 605 N Hersey

City State Zip Code  
Beloit KS 67420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Transaction ID : SA11Ai-CN1030

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3700.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 47 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**Dodie Lane Martin**

Mailing Address 715 E 9th St

City

Lacrosse

State

KS

Zip Code

67548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Great Bend Regional Hospital

Occupation

Physician Assistant

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2015

Transaction ID : SA11Ai-CN1372

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Mr. John C Martin Jr**

Mailing Address 14013 Reeder St

City

Overland Park

State

KS

Zip Code

66221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Price Waterhouse Coopers

Occupation

CPA

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Transaction ID : SA11Ai-CN1032

Amount of Each Receipt this Period

1500

Full Name (Last, First, Middle Initial)

**Edwin H Mauler**

Mailing Address 4601 Quail Creek Dr.

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

Transaction ID : SA11Ai-CN19

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 48 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Edwin H Mauler**

Mailing Address 4601 Quail Creek Dr.

City Great Bend	State KS	Zip Code 67530
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : SA11Ai-CN1311

Amount of Each Receipt this Period

500

**B.** Full Name (Last, First, Middle Initial)  
**Jayme Lynn Mayers**

Mailing Address 181 A NE 40 Rd

City Great Bend	State KS	Zip Code 67530
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Not Employed	Occupation Not Employed
----------------------------------	----------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2015

Transaction ID : SA11Ai-CN1271

Amount of Each Receipt this Period

250

**C.** Full Name (Last, First, Middle Initial)  
**James Richard McAtee**

Mailing Address 2710 Heartland Valley Rd

City Manhattan	State KS	Zip Code 66503
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OSMC	Occupation Physician
--------------------------	-------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2015

Transaction ID : SA11Ai-CN1146

Amount of Each Receipt this Period

1000

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 49 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Helen Rachel McCaulley**

Mailing Address 181 NE 20 Rd

City Great Bend	State KS	Zip Code 67530
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer USD 428	Occupation Elementary Music Educator
-----------------------------	---

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : SA11Ai-CN1110

Amount of Each Receipt this Period

250
-----

**B.** Full Name (Last, First, Middle Initial)  
**Helen Rachel McCaulley**

Mailing Address 181 NE 20 Rd

City Great Bend	State KS	Zip Code 67530
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer USD 428	Occupation Elementary Music Educator
-----------------------------	---

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : SA11Ai-CN1330

Amount of Each Receipt this Period

250
-----

**C.** Full Name (Last, First, Middle Initial)  
**Russell L McCaulley**

Mailing Address 181 NE 20 Rd

City Great Bend	State KS	Zip Code 67530
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Optometrist
--------------------------	---------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : SA11Ai-CN1109

Amount of Each Receipt this Period

250
-----

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

750.00
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**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 98

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**A. Full Name (Last, First, Middle Initial)  
**Dr. Gary Shannon McKee**Mailing Address **4 Prairie Dunes Dr**

City	State	Zip Code
Hutchinson	KS	67502-8766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hutchinson ClinicOccupation  
Physician

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

Transaction ID : SA11Ai-CN1197

Amount of Each Receipt this Period

250

B. Full Name (Last, First, Middle Initial)  
**James Milton McVay**Mailing Address **1721 Lincoln**

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Attorney

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : SA11Ai-CN1285

Amount of Each Receipt this Period

500

C. Full Name (Last, First, Middle Initial)  
**Rick Mercer**Mailing Address **3190 Running Cedar**

City	State	Zip Code
Marietta	GA	30062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hines IncOccupation  
Real Estate Developer

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Transaction ID : SA11Ai-CN1234

Amount of Each Receipt this Period

2700

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3450.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 98

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Michael T Mills**

Mailing Address 1301 N Walnut

City Mcpherson State KS Zip Code 67460

FEC ID number of contributing federal political committee. **C**

Name of Employer Michael T. Mills Occupation Attorney

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2015

Transaction ID : SA11Ai-CN1207

Amount of Each Receipt this Period

1000
------

**B.** Full Name (Last, First, Middle Initial)  
**Shawn Mitchell**

Mailing Address 1414 SW Ashworth Pl Suite 200

City Topeka State KS Zip Code 66604

FEC ID number of contributing federal political committee. **C**

Name of Employer Community Bankers Assoc Of Kansas Occupation Trade Association Executive

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11Ai-CN1389

Amount of Each Receipt this Period

500
-----

**C.** Full Name (Last, First, Middle Initial)  
**Karen Lynn Moeder**

Mailing Address 6 SW 50 Rd

City Great Bend State KS Zip Code 67530

FEC ID number of contributing federal political committee. **C**

Name of Employer Holy Family School Occupation Principal

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2015

Transaction ID : SA11Ai-CN1098

Amount of Each Receipt this Period

300
-----

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1800.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 52 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Scot G Moeder**

Mailing Address 6 SW 50 Rd

City Great Bend	State KS	Zip Code 67530
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Venture Corp	Occupation QC Manager
----------------------------------	--------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 300

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 14 / 2015

Transaction ID : SA11Ai-CN1097

Amount of Each Receipt this Period

300
-----

**B.** Full Name (Last, First, Middle Initial)  
**Robert Paul Moser Jr**

Mailing Address 504 W Greeley

City Tribune	State KS	Zip Code 67879
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer The University of Kansas Hospital	Occupation Physician
---	-------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11Ai-CN1420

Amount of Each Receipt this Period

250
-----

**C.** Full Name (Last, First, Middle Initial)  
**Keith W. Mull**

Mailing Address 307 Corse Ave

City Larned	State KS	Zip Code 67550
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Mull Farms	Occupation Farming
--------------------------------	-----------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 22 / 2015

Transaction ID : SA11Ai-CN1305

Amount of Each Receipt this Period

500
-----

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1050.00
---------

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 53 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**Max E Nichols**

Mailing Address 3230 Main Street

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jomax

Occupation

Construction Executive

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : SA11Ai-CN1304

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**Anna M Noble**

Mailing Address 705 Hollyhock Ln

City

Farmington

State

MO

Zip Code

63640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Farmington School District

Occupation

Administration

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2015

Transaction ID : SA11Ai-CN1216

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Kerry Noble**

Mailing Address 705 Hollyhock Ln

City

Farmington

State

MO

Zip Code

63640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2015

Transaction ID : SA11Ai-CN1215

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 54 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Cecil L Obrate**

Mailing Address 1604 Campus Dr

City State Zip Code  
Garden City KS 67846

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Warrior Inc. President

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2015

Transaction ID : SA11Ai-CN1376

Amount of Each Receipt this Period

2500

**B.** Full Name (Last, First, Middle Initial)  
**Frances E Obrate**

Mailing Address 1604 Campus Dr

City State Zip Code  
Garden City KS 67846

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2015

Transaction ID : SA11Ai-CN1377

Amount of Each Receipt this Period

2500

**C.** Full Name (Last, First, Middle Initial)  
**Robert A Parrish**

Mailing Address 1911 Mckinney Dr

City State Zip Code  
Great Bend KS 67530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Automobile Dealer

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2015

Transaction ID : SA11Ai-CN1223

Amount of Each Receipt this Period

1000

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

6000.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 98

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall****A.** Full Name (Last, First, Middle Initial)  
**Charles R Pike**

Mailing Address 4401 Quail Creek

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Law Office Of Bauer & Pike LLCOccupation  
Attorney

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

Transaction ID : SA11Ai-CN17

Amount of Each Receipt this Period

250

**B.** Full Name (Last, First, Middle Initial)  
**Elleen E Pike**

Mailing Address 4401 Quail Creek Dr

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

Transaction ID : SA11Ai-CN18

Amount of Each Receipt this Period

250

**C.** Full Name (Last, First, Middle Initial)  
**Jon W Pope**

Mailing Address 9200 Longhorn Ln

City	State	Zip Code
Manhattan	KS	66503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
People State BankOccupation  
Banker

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2015

Transaction ID : SA11Ai-CN1268

Amount of Each Receipt this Period

500

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 56 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Jerry Popham**

Mailing Address 16673 W. Archer Ave.

City	State	Zip Code
Golden	CO	80401-6523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Avenue Oculoplastic Surgeons PCOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2015

Transaction ID : SA11Ai-CN1267

Amount of Each Receipt this Period

1000

**B.** Full Name (Last, First, Middle Initial)  
**Chad Thomas Premer**

Mailing Address 228 Cardinal Ln

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
10th Street Eye Care CenterOccupation  
OD

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : SA11Ai-CN1340

Amount of Each Receipt this Period

500

**C.** Full Name (Last, First, Middle Initial)  
**Steven A Priddle**

Mailing Address 5601 Powercat Pl

City	State	Zip Code
Manhattan	KS	66503-9689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Women's Health GroupOccupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : SA11Ai-CN1284

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 57 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>W R Robbins</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>22</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	05		22		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
05		22		2015									
Mailing Address <b>PO Box 19</b>		<b>Transaction ID : SA11Ai-CN1134</b>											
City <b>Great Bend</b>	State <b>KS</b>	Zip Code <b>67530</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1500</td> </tr> </table>						1500				
					1500								
FEC ID number of contributing federal political committee. <b>C</b>													
Name of Employer <b>Farmers Bank &amp; Trust</b>	Occupation <b>Banking</b>												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>1500</td> </tr> </table>							1500					
					1500								
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Yvonne Robbins</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>22</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	05		22		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
05		22		2015									
Mailing Address <b>PO Box 19</b>		<b>Transaction ID : SA11Ai-CN1135</b>											
City <b>Great Bend</b>	State <b>KS</b>	Zip Code <b>67530</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>500</td> </tr> </table>						500				
					500								
FEC ID number of contributing federal political committee. <b>C</b>													
Name of Employer <b>Farmers Bank &amp; Trust</b>	Occupation <b>Banking</b>												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>500</td> </tr> </table>							500					
					500								
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Dr. Aisha Rush</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>22</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		22		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
06		22		2015									
Mailing Address <b>2526 Broadway</b>		<b>Transaction ID : SA11Ai-CN1309</b>											
City <b>Great Bend</b>	State <b>KS</b>	Zip Code <b>67530</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>500</td> </tr> </table>						500				
					500								
FEC ID number of contributing federal political committee. <b>C</b>													
Name of Employer <b>Heartland Regional OB/GYN</b>	Occupation <b>Physician</b>												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>500</td> </tr> </table>							500					
					500								
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="5"></td> <td>2500.00</td> </tr> </table>							2500.00				
					2500.00								
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>											

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 58 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Robert E Schmidt**

Mailing Address 2902 Country Ln

City Hays State KS Zip Code 67601-1710

FEC ID number of contributing federal political committee. **C**

Name of Employer Robert E. Schmidt Enterprises Occupation Owner

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 2700

Date of Receipt

M M	D D	Y Y Y Y
06	08	2015

Transaction ID : SA11Ai-CN1228

Amount of Each Receipt this Period

2700
------

**B.** Full Name (Last, First, Middle Initial)  
**Robert J Severance**

Mailing Address 1671 Honey Ln

City Beloit State KS Zip Code 67420

FEC ID number of contributing federal political committee. **C**

Name of Employer Robert Severance Occupation Owner

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 500

Date of Receipt

M M	D D	Y Y Y Y
06	02	2015

Transaction ID : SA11Ai-CN1179

Amount of Each Receipt this Period

500
-----

**C.** Full Name (Last, First, Middle Initial)  
**William Rockman Seybert**

Mailing Address 3600 19th

City Great Bend State KS Zip Code 67530

FEC ID number of contributing federal political committee. **C**

Name of Employer Venture Corporation Occupation Estimator

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 250

Date of Receipt

M M	D D	Y Y Y Y
06	24	2015

Transaction ID : SA11Ai-CN1339

Amount of Each Receipt this Period

250
-----

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3450.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 59 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Denise M Shea**

Mailing Address 663 W 1st St

City State Zip Code  
Hoisington KS 67554

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lindi Truck Driver

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2015

Transaction ID : SA11Ai-CN1148

Amount of Each Receipt this Period

500

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Thomas C Simpson**

Mailing Address 400 S 3rd St

City State Zip Code  
Sterling KS 67579

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sterling Medical Center Physician

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2015

Transaction ID : SA11Ai-CN1263

Amount of Each Receipt this Period

500

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Christopher Siwek**

Mailing Address 17 Taylor

City State Zip Code  
Augusta KS 67010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Physician

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2015

Transaction ID : SA11Ai-CN1262

Amount of Each Receipt this Period

250

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 60 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**Craig Smith**

Mailing Address 1605 Riviera Dr.

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2015

Transaction ID : SA11Ai-CN1156

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Kari G Smith**

Mailing Address 1605 Riviera Dr

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Buckle

Occupation

Executive Vice President

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2015

Transaction ID : SA11Ai-CN1157

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Dr. Perry M Smith**

Mailing Address 2818 Broadway

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Great Bend Regional Hospital

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : SA11Ai-CN1111

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 61 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**Chad Edward Somers**

Mailing Address 4906 Quail Creek Dr

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Benefit Management LLC

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2015

Transaction ID : SA11Ai-CN1085

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Chad Edward Somers**

Mailing Address 4906 Quail Creek Dr

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Benefit Management LLC

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : SA11Ai-CN1302

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**Shannon Dianne Somers**

Mailing Address 4906 Quail Creek Dr

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : SA11Ai-CN1303

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 62 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Doris K Spray**

Mailing Address 4518 Quail Creek Dr

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Transaction ID : SA11Ai-CN1048

Amount of Each Receipt this Period

2700

**B.** Full Name (Last, First, Middle Initial)  
**Kelly Sue Spray**

Mailing Address 5000 Timber Creek

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not EmployedOccupation  
Not Employed

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2015

Transaction ID : SA11Ai-CN7

Amount of Each Receipt this Period

2700

**C.** Full Name (Last, First, Middle Initial)  
**Orville O Spray III**

Mailing Address 5000 Timber Creek

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VentureOccupation  
Highway Contractor

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2015

Transaction ID : SA11Ai-CN6

Amount of Each Receipt this Period

2700

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8100.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 63 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**Rachel K Stevens**

Mailing Address 3203 Meadowlake Dr

City

Hutchinson

State

KS

Zip Code

67502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Reno Pathology

Occupation

Pathologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2015

Transaction ID : SA11Ai-CN1128

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**Ronald D Straub**

Mailing Address 1604 Riviera Dr

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Straub International

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2015

Transaction ID : SA11Ai-CN1176

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**Kris T Tarlton**

Mailing Address 909 E 5th

City

Hoisington

State

KS

Zip Code

67544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Great Bend Regional Hospital

Occupation

Registered Nurse Anesthetist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

Transaction ID : SA11Ai-CN1067

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 64 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Jeremy D Tasset</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>08</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		08		2015	
M M M	/	D D D	/	Y Y Y Y Y Y										
06		08		2015										
Mailing Address <b>11221 Roe Ave</b> <b>Suite 310</b>		<b>Transaction ID : SA11Ai-CN1231</b>												
City <b>Leawood</b>	State <b>KS</b>	Zip Code <b>66211</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>1000</td> </tr> </table>											1000
										1000				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>1000</td> </tr> </table>												1000
										1000				
Name of Employer <b>Nueterra Properties Group</b>		Occupation <b>Physician</b>												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>1000</td> </tr> </table>												1000
										1000				

  

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Ingeborg E Teasley</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>11</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	05		11		2015	
M M M	/	D D D	/	Y Y Y Y Y Y										
05		11		2015										
Mailing Address <b>1603 Hickok Dr</b>		<b>Transaction ID : SA11Ai-CN1064</b>												
City <b>Abilene</b>	State <b>KS</b>	Zip Code <b>67410</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>500</td> </tr> </table>											500
										500				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>500</td> </tr> </table>												500
										500				
Name of Employer <b>Retired</b>		Occupation <b>Retired</b>												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>500</td> </tr> </table>												500
										500				

  

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Martin M Teasley</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>11</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	05		11		2015	
M M M	/	D D D	/	Y Y Y Y Y Y										
05		11		2015										
Mailing Address <b>1603 Hickok Dr</b>		<b>Transaction ID : SA11Ai-CN1063</b>												
City <b>Abilene</b>	State <b>KS</b>	Zip Code <b>67410</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>500</td> </tr> </table>											500
										500				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>500</td> </tr> </table>												500
										500				
Name of Employer <b>Retired</b>		Occupation <b>Retired</b>												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>500</td> </tr> </table>												500
										500				

  

<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="10"></td> <td>2000.00</td> </tr> </table>												2000.00
										2000.00				
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="10"></td> <td></td> </tr> </table>												



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 65 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Roger R Tobias**

Mailing Address 1017 S Bell

City Lyons	State KS	Zip Code 67554
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Lyons Medical Center	Occupation Physician
--	-------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2015

Transaction ID : SA11Ai-CN1246

Amount of Each Receipt this Period

250

**B.** Full Name (Last, First, Middle Initial)  
**Wayne A Unruh**

Mailing Address 1110 Old Farm Estates

City Hutchinson	State KS	Zip Code 67502
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Team Sports Inc.	Occupation President
--	-------------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250

Date of Receipt

M M / D D / Y Y Y Y
06 / 24 / 2015

Transaction ID : SA11Ai-CN1352

Amount of Each Receipt this Period

250

**C.** Full Name (Last, First, Middle Initial)  
**Rodger L Van Loenen**

Mailing Address 202 Holland St

City Prairie View	State KS	Zip Code 67664
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Farmers State Bank	Occupation Banking
--	-----------------------

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500

Date of Receipt

M M / D D / Y Y Y Y
05 / 12 / 2015

Transaction ID : SA11Ai-CN1070

Amount of Each Receipt this Period

500

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 98

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**Full Name (Last, First, Middle Initial)  
**A. Thomas Wayne Vernon**

Mailing Address 5913 Rosewood

City	State	Zip Code
Great Bend	KS	67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kansas Farm BureauOccupation  
Board of Directors

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2015

Transaction ID : SA11Ai-CN1144

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)  
**B. Jennifer L Webster**

Mailing Address 3120 NE 91st PI

City	State	Zip Code
Kansas City	MO	64151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not EmployedOccupation  
Not Employed

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2015

Transaction ID : SA11Ai-CN1220

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)  
**C. Mitch Webster**

Mailing Address 3120 NE 91st PI

City	State	Zip Code
Kansas City	MO	64151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KC RoyalsOccupation  
Baseball Player

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2015

Transaction ID : SA11Ai-CN1219

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 67 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr. Christopher Weems</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>23</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		23		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
06		23		2015									
Mailing Address 489 Dawson Ave.		<b>Transaction ID : SA11Ai-CN1319</b>											
City San Jose	State CA	Zip Code 95125	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">2700</td> </tr> </table>	2700									
2700													
FEC ID number of contributing federal political committee. C													
Name of Employer Facebook	Occupation Designer												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">2700</td> </tr> </table>		2700										
2700													
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Lauren Weems</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>23</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		23		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
06		23		2015									
Mailing Address 489 Dawson Ave		<b>Transaction ID : SA11Ai-CN1318</b>											
City San Jose	State CA	Zip Code 95125	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">2700</td> </tr> </table>	2700									
2700													
FEC ID number of contributing federal political committee. C													
Name of Employer Self Employed	Occupation Creative Arts Blogger												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">2700</td> </tr> </table>		2700										
2700													
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Marcia A Westhoff</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>22</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		22		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
06		22		2015									
Mailing Address 4500 Quail Creek Dr		<b>Transaction ID : SA11Ai-CN1283</b>											
City Great Bend	State KS	Zip Code 67530	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">500</td> </tr> </table>	500									
500													
FEC ID number of contributing federal political committee. C													
Name of Employer Concrete Services	Occupation Owner												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">500</td> </tr> </table>		500										
500													
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="5">5900.00</td> </tr> </table>		5900.00									
5900.00													
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="5"></td> </tr> </table>											

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**A. Full Name (Last, First, Middle Initial)  
**Jenice M. Williams**Mailing Address **8426 W 16th Ct N**

City	State	Zip Code
Wichita	KS	67212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**Great Bend Regional Hospital**Occupation  
**IT Director**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2015

Transaction ID : SA11Ai-CN1386

Amount of Each Receipt this Period

250

B. Full Name (Last, First, Middle Initial)  
**Dr. Rob M Wilson**Mailing Address **5402 W 134th Ter**  
**Apt 1215**

City	State	Zip Code
Overland Park	KS	66209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**University Of Missouri Kansas City**Occupation  
**Professor**

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2015

Transaction ID : SA11Ai-CN1183

Amount of Each Receipt this Period

500

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

133725.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 69 OF 98

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**Barton County Businesses for Growth**

Mailing Address PO Box 1511

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2015

Transaction ID : SA11C-CN1417

Amount of Each Receipt this Period

2700

refund reflected in 3rd quarter report

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2700.00

2700.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 98

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**Dr. Roger Marshall**

Mailing Address 4501 Quail Creek

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.**C** H6KS01179

Name of Employer

Great Bend Regional Hopsital

Occupation

doctor

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2015

Transaction ID : SA13a-LN1

Amount of Each Receipt this Period

4000

Full Name (Last, First, Middle Initial)

**Dr. Roger Marshall**

Mailing Address 4501 Quail Creek

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing  
federal political committee.**C** H6KS01179

Name of Employer

Great Bend Regional Hopsital

Occupation

doctor

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

25000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2015

Transaction ID : SA13a-LN2

Amount of Each Receipt this Period

25000

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

29000.00

**TOTAL** This Period (last page this line number only).....

29000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 71 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

**A. Trail Blazer Campaign Services Inc.**Mailing Address 620 Mendelssohn Avenue N  
Suite 186City State Zip Code  
Minnneapolis MN 55427Purpose of Disbursement  
campaign software

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2015

Amount of Each Disbursement this Period

2750.00
---------

Transaction ID : SB17-EX10

campaign software

Full Name (Last, First, Middle Initial)

**B. Trail Blazer Campaign Services Inc.**Mailing Address 620 Mendelssohn Avenue N  
Suite 186City State Zip Code  
Minnneapolis MN 55427Purpose of Disbursement  
campaign software

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2015

Amount of Each Disbursement this Period

2750.00
---------

Transaction ID : SB17-EX17

campaign software

Full Name (Last, First, Middle Initial)

**c. Danielle Feist**

Mailing Address 2508 Walnut Drive

City State Zip Code  
Great Bend KS 67530Purpose of Disbursement  
contract labor

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		25		2015

Amount of Each Disbursement this Period

782.00
--------

Transaction ID : SB17-EX1

contract labor

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6282.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

**A. Danielle Feist**

Mailing Address 2508 Walnut Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		09		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

1020.00
---------

Purpose of Disbursement  
contract labor

001

Transaction ID : SB17-EX3

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

contract labor

State:

District:

Full Name (Last, First, Middle Initial)

**B. Danielle Feist**

Mailing Address 2508 Walnut Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

731.00
--------

Purpose of Disbursement  
contract labor

001

Transaction ID : SB17-EX6

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

contract labor

State:

District:

Full Name (Last, First, Middle Initial)

**C. Danielle Feist**

Mailing Address 2508 Walnut Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		30		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

476.00
--------

Purpose of Disbursement  
contract labor

001

Transaction ID : SB17-EX7

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

contract labor

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2227.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 73 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**A. Danielle Feist**

Mailing Address 2508 Walnut Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2015

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
contract labor

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

663.00
--------

**Transaction ID : SB17-EX8**

contract labor

Full Name (Last, First, Middle Initial)

**B. Danielle Feist**

Mailing Address 2508 Walnut Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2015

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
contract labor

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

663.00
--------

**Transaction ID : SB17-EX56**

contract labor

Full Name (Last, First, Middle Initial)

**C. Danielle Feist**

Mailing Address 2508 Walnut Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2015

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
contract labor

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

1054.00
---------

**Transaction ID : SB17-EX15**

contract labor

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2380.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

**A. Danielle Feist**

Mailing Address 2508 Walnut Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2015

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
reimbursement - see memo

001

Amount of Each Disbursement this Period

98.00
-------

Transaction ID : SB17-EX100

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

reimbursement - see memo

State:

District:

Full Name (Last, First, Middle Initial)

**B. United States Post Office**

Mailing Address 2100 16th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2015

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
postage

001

Amount of Each Disbursement this Period

98.00
-------

Transaction ID : SB17-EX20

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

[MEMO ITEM]

reimburement for purchase of stamps at USPS

State:

District:

Full Name (Last, First, Middle Initial)

**C. Danielle Feist**

Mailing Address 2508 Walnut Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2015

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
contract labor

001

Amount of Each Disbursement this Period

1037.00
---------

Transaction ID : SB17-EX24

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

contract labor

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1135.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 75 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

**A. Danielle Feist**

Mailing Address 2508 Walnut Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

1343.00
---------

Purpose of Disbursement  
contract labor

001

Transaction ID : SB17-EX32

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

contract labor

State:

District:

Full Name (Last, First, Middle Initial)

**B. Danielle Feist**

Mailing Address 2508 Walnut Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

1717.00
---------

Purpose of Disbursement  
contract labor

001

Transaction ID : SB17-EX52

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

contract labor

State:

District:

Full Name (Last, First, Middle Initial)

**C. Danielle Feist**

Mailing Address 2508 Walnut Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

583.97
--------

Purpose of Disbursement  
payroll

001

Transaction ID : SB17-EX59

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

payroll

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3643.97

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 76 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

**A. Danielle Feist**

Mailing Address 2508 Walnut Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2015

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

1120.94
---------

Transaction ID : SB17-EX62

payroll

Full Name (Last, First, Middle Initial)

**B. Danielle Feist**

Mailing Address 2508 Walnut Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
mileage reimbursement

002

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

810.75
--------

Transaction ID : SB17-EX86

mileage reimbursement

Full Name (Last, First, Middle Initial)

**C. Adams Brown Beran & Ball**Mailing Address 2006 Broadway Suite 2A  
PO Drawer J

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2015

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
Professional Accounting Services

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

310.00
--------

Transaction ID : SB17-EX5

Professional Accounting Services

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2241.69

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**A. Adams Brown Beran & Ball**Mailing Address 2006 Broadway Suite 2A  
PO Drawer JCity State Zip Code  
Great Bend KS 67530Purpose of Disbursement  
Professional Accounting Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2015

Amount of Each Disbursement this Period

1154.00
---------

**Transaction ID : SB17-EX16**

Professional Accounting Services

**B. Adams Brown Beran & Ball**Mailing Address 2006 Broadway Suite 2A  
PO Drawer JCity State Zip Code  
Great Bend KS 67530Purpose of Disbursement  
Professional Accounting Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

Amount of Each Disbursement this Period

811.00
--------

**Transaction ID : SB17-EX27**

Professional Accounting Services

**C. Adams Brown Beran & Ball**Mailing Address 2006 Broadway Suite 2A  
PO Drawer JCity State Zip Code  
Great Bend KS 67530Purpose of Disbursement  
Professional Accounting Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2015

Amount of Each Disbursement this Period

13865.56
----------

**Transaction ID : SB17-EX37**

Professional Accounting Services

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

15830.56

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

**A. Adams Brown Beran & Ball**Mailing Address 2006 Broadway Suite 2A  
PO Drawer JCity State Zip Code  
Great Bend KS 67530Purpose of Disbursement  
Professional Accounting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

3649.77
---------

Transaction ID : SB17-EX71

Professional Accounting Services

**B. CMA Strategies Inc.**

Mailing Address 201 Robert S. Kerr Suite 301

City State Zip Code  
Oklahoma City OK 73102Purpose of Disbursement  
general campaign consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2015

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17-EX9

general campaign consulting

**c. CMA Strategies Inc.**

Mailing Address 201 Robert S. Kerr Suite 301

City State Zip Code  
Oklahoma City OK 73102Purpose of Disbursement  
general campaign consulting (and see memo item)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2015

Amount of Each Disbursement this Period

5347.86
---------

Transaction ID : SB17-EX18

general campaign consulting (and see memo item)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

13997.63

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

**A. QuikPrint**

Mailing Address 119 N. Robinson

City	State	Zip Code
Oklahoma City	OK	73102

Purpose of Disbursement  
reimbursement for printing

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2015

Amount of Each Disbursement this Period

347.86

Transaction ID : SB17-EX99

[MEMO ITEM]

**B. CMA Strategies Inc.**

Mailing Address 201 Robert S. Kerr Suite 301

City	State	Zip Code
Oklahoma City	OK	73102

Purpose of Disbursement  
announcement packets

006

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2015

Amount of Each Disbursement this Period

218.11

Transaction ID : SB17-EX39

announcement packets

**c. CMA Strategies Inc.**

Mailing Address 201 Robert S. Kerr Suite 301

City	State	Zip Code
Oklahoma City	OK	73102

Purpose of Disbursement  
general campaign consulting

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17-EX72

general campaign consulting

**SUBTOTAL** of Disbursements This Page (optional).....

5218.11

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**A. Roger Marshall**

Mailing Address 4501 Quail Creek Drive

Date of Disbursement

M M	D D	Y Y Y Y
04	07	2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
reimbursement - see memo

001

Transaction ID : SB17-EX11

Candidate Name

**Roger W Marshall**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

reimbursement - see memo

State: KS

District: 01

Full Name (Last, First, Middle Initial)

**B. Trail Blazer Campaign Services Inc.**Mailing Address 620 Mendelssohn Avenue N  
Suite 186

Date of Disbursement

M M	D D	Y Y Y Y
04	07	2015

City	State	Zip Code
Minnneapolis	MN	55427

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
campaign software

001

Transaction ID : SB17-EX101

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

[MEMO ITEM]

software

State:

District:

Full Name (Last, First, Middle Initial)

**c. Roger Marshall**

Mailing Address 4501 Quail Creek Drive

Date of Disbursement

M M	D D	Y Y Y Y
04	20	2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

53.94
-------

Purpose of Disbursement  
reimbursement - see memo

001

Transaction ID : SB17-EX14

Candidate Name

**Roger W Marshall**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

reimbursement - see memo

State: KS

District: 01

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1053.94



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

**A. WalMart**

Mailing Address 3503 10th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2015

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
office supplies

001

Category/  
Type

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

154.12
--------

Transaction ID : SB17-EX102

[MEMO ITEM]

**B. Roger Marshall**

Mailing Address 4501 Quail Creek Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
reimbursement - see memo

007

Category/  
Type

Candidate Name

Roger W Marshall

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: KS

District: 01

Amount of Each Disbursement this Period

154.12
--------

Transaction ID : SB17-EX29

reimbursement - see memo

**c. Samy's Spirits And Steakhouse**

Mailing Address 1911 E. Kansas Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

City	State	Zip Code
Garden City	KS	67846

Purpose of Disbursement  
meals

007

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

154.12
--------

Transaction ID : SB17-EX103

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

154.12
--------

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**A. Roger Marshall**

Mailing Address 4501 Quail Creek Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

1081.98
---------

Purpose of Disbursement  
reimbursement - see memo

001

Transaction ID : SB17-EX107

Candidate Name

**Roger W Marshall**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

reimbursement - see memo

State: KS District: 01

Full Name (Last, First, Middle Initial)

**B. United States Post Office**

Mailing Address 2100 16th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

120.54
--------

Purpose of Disbursement  
postage

001

Transaction ID : SB17-EX48

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

[MEMO ITEM]

State: District:

Full Name (Last, First, Middle Initial)

**C. WalMart**

Mailing Address 3503 10th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

46.29
-------

Purpose of Disbursement  
office supplies

001

Transaction ID : SB17-EX49

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

[MEMO ITEM]

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1081.98

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address PO Box 25505

City	State	Zip Code
Lehigh Valley	PA	18002

Purpose of Disbursement  
telephone/computer

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2015

Amount of Each Disbursement this Period

798.36
--------

Transaction ID : SB17-EX50

[MEMO ITEM]

**B. Best Western North Edge Inn**

Mailing Address 404 W. Frontview St.

City	State	Zip Code
Dodge City	KS	67801

Purpose of Disbursement  
lodging

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2015

Amount of Each Disbursement this Period

116.79
--------

Transaction ID : SB17-EX51

[MEMO ITEM]

**c. Roger Marshall**

Mailing Address 4501 Quail Creek Drive

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
reimburse for mileage (reimbursement - see memo items below)

002

Candidate Name

**Roger W Marshall**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: KS

District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

3132.75
---------

Transaction ID : SB17-EX75

reimburse for mileage (reimbursement - see memo items below)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3132.75

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 84 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

**A. Best Western North Edge Inn**

Mailing Address 404 W. Frontview St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

City	State	Zip Code
Dodge City	KS	67801

Amount of Each Disbursement this Period

1860.85
---------

Purpose of Disbursement  
lodging

002

Transaction ID : SB17-EX105

Candidate Name

Category/  
Type

[MEMO ITEM]

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Verizon Wireless**

Mailing Address PO Box 25505

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

City	State	Zip Code
Lehigh Valley	PA	18002

Amount of Each Disbursement this Period

312.88
--------

Purpose of Disbursement  
telephone

002

Transaction ID : SB17-EX106

Candidate Name

Category/  
Type

[MEMO ITEM]

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**c. Roger Marshall**

Mailing Address 4501 Quail Creek Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

City	State	Zip Code
Great Bend	KS	67530

Amount of Each Disbursement this Period

312.88
--------

Purpose of Disbursement  
reimbursement - see memo

001

Transaction ID : SB17-EX76

Candidate Name

Roger W Marshall

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: KS

District: 01

reimbursement - see memo

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

312.88

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address PO Box 25505

City	State	Zip Code
Lehigh Valley	PA	18002

Purpose of Disbursement  
telephone

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

312.88
--------

Transaction ID : SB17-EX104

[MEMO ITEM]

**B. Daniel France**

Mailing Address 3317 N. Shartel Avenue

City	State	Zip Code
Oklahoma City	OK	73118

Purpose of Disbursement  
website design

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2015

Amount of Each Disbursement this Period

875.00
--------

Transaction ID : SB17-EX12

website design

**C. Daniel France**

Mailing Address 3317 N. Shartel Avenue

City	State	Zip Code
Oklahoma City	OK	73118

Purpose of Disbursement  
website design

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2015

Amount of Each Disbursement this Period

875.00
--------

Transaction ID : SB17-EX19

website design

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 86 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**A. Golden Belt Printing II LLC**

Mailing Address 1125 281 Bypass

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
printing

006

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2015

Amount of Each Disbursement this Period

948.42

Transaction ID : SB17-EX22

printing

**B. Golden Belt Printing II LLC**

Mailing Address 1125 281 Bypass

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
printing

006

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2015

Amount of Each Disbursement this Period

5116.31

Transaction ID : SB17-EX38

printing

**C. Golden Belt Printing II LLC**

Mailing Address 1125 281 Bypass

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
printing

006

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

1576.67

Transaction ID : SB17-EX74

printing

**SUBTOTAL** of Disbursements This Page (optional).....

7641.40

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

**A. United States Post Office**

Mailing Address 2100 16th Street

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
postage

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2015

Amount of Each Disbursement this Period

385.00
--------

Transaction ID : SB17-EX58

postage

**B. Trey Joy**

Mailing Address 811 Boulevard

City	State	Zip Code
Smith Center	KS	66967

Purpose of Disbursement  
contract labor

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17-EX26

contract labor

**C. Chelsea Mitchell Photography**

Mailing Address 6104 Covington Way

City	State	Zip Code
Goleta	CA	93117

Purpose of Disbursement  
photography

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

Amount of Each Disbursement this Period

1200.00
---------

Transaction ID : SB17-EX28

photography

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2085.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 88 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

**A. Wheatland Card Solutions**

Mailing Address PO Box 1242

City	State	Zip Code
Wichita	KS	67201

Purpose of Disbursement  
credit card service fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2015

Amount of Each Disbursement this Period

368.21
--------

Transaction ID : SB17-EX61

credit card service fee

**B. Wheatland Card Solutions**

Mailing Address PO Box 1242

City	State	Zip Code
Wichita	KS	67201

Purpose of Disbursement  
credit card payment see memo

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

155.67
--------

Transaction ID : SB17-EX77

credit card payment see memo

**C. Holiday Inn**

Mailing Address 1641 Anderson Ave.

City	State	Zip Code
Manhattan	KS	66502

Purpose of Disbursement  
lodging

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

155.67
--------

Transaction ID : SB17-EX113

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

523.88



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

**A. Wheatland Card Solutions**

Mailing Address PO Box 1242

City	State	Zip Code
Wichita	KS	67201

Purpose of Disbursement  
credit card payment - see memo

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

247.12
--------

Transaction ID : SB17-EX78

credit card payment - see memo

**B. WalMart**

Mailing Address 3503 10th Street

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
office supplies

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

121.99
--------

Transaction ID : SB17-EX114

[MEMO ITEM]

**c. Walgreens**

Mailing Address 3920 10th Street

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
office supplies

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

6.46
------

Transaction ID : SB17-EX115

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

247.12

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address 1403 E. 11th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

City	State	Zip Code
Hutchinson	KS	67501

Amount of Each Disbursement this Period

118.67
--------

Purpose of Disbursement  
office supplies

001

Transaction ID : SB17-EX116

Candidate Name

Category/  
Type**[MEMO ITEM]**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Clarion Inn**

Mailing Address 1911 E. Kansas Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2015

City	State	Zip Code
Garden City	KS	67846

Amount of Each Disbursement this Period

473.50
--------

Purpose of Disbursement  
lodging

007

Transaction ID : SB17-EX31

Candidate Name

Category/  
Type

lodging

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. Regency**

Mailing Address 4303 SW 44th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2015

City	State	Zip Code
Oklahoma City	OK	73119

Amount of Each Disbursement this Period

465.00
--------

Purpose of Disbursement  
lapel stickers

004

Transaction ID : SB17-EX33

Candidate Name

Category/  
Type

lapel stickers

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

938.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 91 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

**A. Crotts Aircraft Service Inc.**

Mailing Address 102 Airport Road

City	State	Zip Code
Dodge City	KS	67801

Purpose of Disbursement  
plane charter

002

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2015

Amount of Each Disbursement this Period

1108.00
---------

Transaction ID : SB17-EX34

plane charter

**B. Crotts Aircraft Service Inc.**

Mailing Address 102 Airport Road

City	State	Zip Code
Dodge City	KS	67801

Purpose of Disbursement  
additional plane charter fee

002

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : SB17-EX80

additional plane charter fee

**C. Central Plains Computer Service Inc.**

Mailing Address PO Box 643

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
printer

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2015

Amount of Each Disbursement this Period

463.96
--------

Transaction ID : SB17-EX40

printer

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1721.96

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 92 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

**A. Office Products Incorporated**

Mailing Address 1204 Main Street

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
office equipment

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2015

Amount of Each Disbursement this Period

755.54
--------

Transaction ID : SB17-EX87

office equipment

Full Name (Last, First, Middle Initial)

**B. Great Bend Regional Hospital**

Mailing Address 514 Cleveland Street

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
printing

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2015

Amount of Each Disbursement this Period

310.76
--------

Transaction ID : SB17-EX42

printing

Full Name (Last, First, Middle Initial)

**c. Great Bend Regional Hospital**

Mailing Address 514 Cleveland Street

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
April May and June incidentals

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17-EX88

April May and June incidentals

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1366.30

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 93 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

**A. Keystone Labels LLC**

Mailing Address 5501 SW 29th Street

City	State	Zip Code
Oklahoma City	OK	73179

Purpose of Disbursement  
bumper stickers

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2015

Amount of Each Disbursement this Period

363.06

Transaction ID : SB17-EX43

bumper stickers

**B. Abilene Civic Center**

Mailing Address 201 NW Second Street

City	State	Zip Code
Abilene	KS	67410

Purpose of Disbursement  
room rental

007

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2015

Amount of Each Disbursement this Period

220.00

Transaction ID : SB17-EX44

room rental

**c. Zachary Lowry**

Mailing Address 4 Hillcrest Drive

City	State	Zip Code
Stockton	KS	67669

Purpose of Disbursement  
payroll

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2015

Amount of Each Disbursement this Period

774.50

Transaction ID : SB17-EX60

payroll

**SUBTOTAL** of Disbursements This Page (optional).....

1357.56

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 94 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

**A. Zachary Lowry**

Mailing Address 4 Hillcrest Drive

City	State	Zip Code
Stockton	KS	67669

Purpose of Disbursement  
payroll

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2015

Amount of Each Disbursement this Period

774.50
--------

Transaction ID : SB17-EX64

payroll

Full Name (Last, First, Middle Initial)

**B. Kelly Guesnier**

Mailing Address 2600 Dry Creek

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement  
payroll

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2015

Amount of Each Disbursement this Period

886.58
--------

Transaction ID : SB17-EX63

payroll

Full Name (Last, First, Middle Initial)

**c. Scott's Printing & Copying**

Mailing Address 801 N. Western

City	State	Zip Code
Oklahoma City	OK	73106

Purpose of Disbursement  
printing

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

1854.70
---------

Transaction ID : SB17-EX73

printing

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3515.78

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 95 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Kansans for Marshall**

Full Name (Last, First, Middle Initial)

**A. Kansas Cosmosphere & Space Center**

Mailing Address 1100 North Plum

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

City Hutchinson State KS Zip Code 67501

Amount of Each Disbursement this Period

Purpose of Disbursement  
room rental

007

271.00

Transaction ID : SB17-EX79

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

room rental

State:

District:

Full Name (Last, First, Middle Initial)

**B. Holtzman-Vogel Josefiak PLLC**Mailing Address 45 North Hill Drive  
Suite 100

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

City Warrenton State VA Zip Code 20186

Amount of Each Disbursement this Period

Purpose of Disbursement  
legal fees

001

600.00

Transaction ID : SB17-EX81

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

legal fees

State:

District:

Full Name (Last, First, Middle Initial)

**c. Parr Sound And Lighting**

Mailing Address PO Box 1957

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

City Great Bend State KS Zip Code 67530

Amount of Each Disbursement this Period

Purpose of Disbursement  
sound system

007

300.00

Transaction ID : SB17-EX82

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

sound system

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....

1171.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 96 OF 98

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kansans for Marshall

Full Name (Last, First, Middle Initial)

**A. Catering For You LLC**

Mailing Address 2409 N. Waldron St.

City	State	Zip Code
Hutchinson	KS	67502

Purpose of Disbursement  
event catering

007

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

245.53
--------

Transaction ID : SB17-EX84

event catering

**B. QuikPrint**

Mailing Address 119 N. Robinson

City	State	Zip Code
Oklahoma City	OK	73102

Purpose of Disbursement  
printing

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2015

Amount of Each Disbursement this Period

845.50
--------

Transaction ID : SB17-EX85

printing

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1091.03

82101.16



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 97 OF 98

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN1

Kansans for Marshall

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

Roger Marshall

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
4501 Quail Creek

City

State

ZIP Code

Great Bend

KS

67530

Roger Marshall - personal funds

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

4000

.00

4000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M / D / Y  
02 / 05 / 2015M / D / Y  
03 / 12 / 2030M / D / Y  
03 / 12 / 2030M / D / Y  
03 / 12 / 2030M / D / Y  
03 / 12 / 2030M / D / Y  
03 / 12 / 2030M / D / Y  
03 / 12 / 2030

0.00 % (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ▶

4000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 98 OF 98

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN2

Kansans for Marshall

LOAN SOURCE Full Name (Last, First, Middle Initial)

Roger Marshall

[PERSONAL FUNDS]

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
4501 Quail Creek

City

State

ZIP Code

Great Bend

KS

67530

Roger Marshall - personal funds

Original Amount of Loan

25000

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

M 04 / D 06 / Y 2015

Date Due

M 04 / D 07 / Y 2030

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

25000.00

**TOTALS** This Period (last page in this line only)..... ►

29000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.